

Utah State Office of Education
Special Education Services Unit
Final Report/Invoice
Documentation of Conference Proposal Activities

Date Submitted	Sponsoring Organization	
Address <i>(Give city, county, state, and zip code)</i>		
Name, Telephone Number, and Email Address of Contact Person		
Title of Conference		Date(s)
USOE Contact Person on Planning Committee		
Total Number of Participants		Number of Educators
How were CSPD Training Areas addressed by this Conference? Please refer to original proposal for CSPD Training Areas.		
Amount of USOE funds requested for reimbursement:		
Did conference attendees complete a hands-on project or activity during this conference? If yes, please describe.		
What resources are available for follow-up for participants?		
What conference attendee satisfaction data was collected?		
Are there training aspects or outcomes you regard as significant and would like to highlight?		
Signature of Contact		

Please keep a copy for your records and submit original along with Conference agenda to:

Bruce Schroeder, Project Director

(801) 538-7580

USOE-SARS

250 East 500 South

PO Box 144200

Salt Lake City, Utah 84114-4200